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Medical mix-ups add to misery

WHEN Doris Lessing, the 2007 Nobel Prize winner for literature, was asked whether she was still writing, she said she didn't have the time at her age. She was either at the doctor, chemist, physiotherapist or taking someone else to see them.

People living with chronic illnesses need to manage the logistics of their many appointments and the complex nature of their treatment. It can be a full-time job. Patients who live at home might take more than 30 medicines a day. They struggle to balance their health with the demands of everyday life.

The health round table, an industry benchmarking collaborative, has shown that regardless of the reason for admission, people with multiple illnesses have longer stays in hospital.

Governments have attempted to improve the clinical quality of care through guidelines and incentives, but patients are burdened with services that are delivered by myriad players with different agendas and rules.

Making life manageable for people with chronic illnesses requires reform in the organisation and delivery of health care. There needs to be better co-ordination between all involved, from patients to senior specialists.

A focus on inter-professional learning and practice in a system that is patient-focused may offer our best hope of achieving change.

Patients need comprehensive and co-ordinated care across all jurisdictions, but they don't get it. The Pharmaceutical Benefits Scheme, for example, may list a medication but not include appliances needed to administer and monitor the drug. States and territories have different rules about what a resident is "entitled" to and funding depends on different definitions of comparative need and risk.

Most jurisdictions run a mixture of rationing, means testing and user-pays for equipment and services. The commonwealth only gets directly involved with nursing home residents who are often barred from state funded services like physiotherapy or dental care. Border disputes between state and federal agencies should not be fought over sick people.

Many patients leave hospital without a clue about their medications or when and how they should take them. They don't know whether they should keep taking medications their GP has prescribed as well as the ones from the specialist or hospital.

GPs may not be sure whether a specialist meant to add a drug or change a drug, because discharge letters arrive weeks and even months later. The patient and the PBS are left footing the bill for medicines that may be unnecessary or even harmful.

In 2003, health safety experts Bill Runciman and Elizabeth Roughead estimated that up to 30 per cent of hospital admissions for patients aged over 75 are medication-related and up to three-quarters are potentially preventable.

Despite years of work and investment, automated systems that could prevent this, such as electronic prescribing and summary health records, are still bogged down in professional and jurisdictional protectionism.

The Serious and Continuing Illness Policy and Practice Study, being undertaken by the Menzies Centre for Health Policy and the Australian Primary Health Care Research Institute, shows that people with multiple illnesses are frustrated by the conflicting messages they get from healthcare providers. They feel that they have to weigh up for themselves which set of instructions to follow. One SCIPPS participant said: "If you're saying this, and he's saying that, then either one of you is wrong or both of you are wrong."

The study has found that health professionals, too, are frustrated by poor communication and a lack of collaboration in a system they see as fragmented.

The reality is that many people with chronic illnesses lead miserable lives. So much of their time is spent trudging from one appointment to the next, trying to make sense of a system that has inconsistent rules. This is made even harder when the relationship between the people caring for them is marred by failures in collaboration and communication.

Evidence shows that people are more likely to stick to treatment plans that follow management protocols. When patients follow these plans, they have improved health outcomes and a better quality of life.

Policy needs to be more realistic when it comes to creating a health system where this can happen.

A key problem is that health professionals don't see why they should change the way they do things and policy levers fail to provide sufficient reason to change.

Without policy that actively encourages inter-professional learning and practice, we don't have a way to bring together the real needs of patients with the real capacity and interests of health providers. If we can't, the burden of chronic disease will just get worse for all of us.

SCIPPS researchers are based at the Australian Primary Health Care Research Institute and the Menzies Centre for Health Policy, a joint venture of the Australian National University and the University of Sydney.

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